

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018690 MB

DOCUMENT # A94000000571

1. Entity Name
KRAMER PARTNERSHIP, LTD.



FILED
03 MAY -5 PM 7:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 39 BATTERY ROAD BELFAST ME 04915	Mailing Address 39 BATTERY ROAD BELFAST ME 04915
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 65-0475588	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHUSTER, CARL
200 EAST BROWARD BLVD.
RUDEN MCCLOSKEY SMITH SCHUSTER RUSSELL
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	STEIN, MICHAEL
NAME	39 BATTERY ROAD
STREET ADDRESS	BELFAST ME 04915
CITY-ST-ZIP	
DOCUMENT #	STEIN, JUDITH
NAME	39 BATTERY ROAD
STREET ADDRESS	BELFAST ME 04915
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	30001800719
CITY-ST-ZIP	05/05/03--01061--009 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Judith Stein* **REQUIRED** *STEIN* **4-25-03** **207-338-5315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE